



CATASTROPHICALLY DISABLED VETERAN EVALUATION

VHA has defined a "catastrophically disabled" veteran to be a veteran who has a permanent severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others. This definition is met by conditions listed under 1A or 1B or 2.

1A. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS ONE OF THE FOLLOWING PERMANENT CONDITIONS. CHECK THE CONDITIONS FOR WHICH THE VETERAN QUALIFIES AND SELECT THE CODE FROM THE DROP DOWN LIST.

Form with 4 rows for conditions: 1. Quadriplegia and quadriplegia, 2. Paraplegia, 3. Blindness, 4. Persistent vegetative state. Each row includes a checkbox, a text field for the condition name, a text field for 'Choose code', and a dropdown menu.

1B. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS A PERMANENT CONDITION RESULTING FROM TWO OF THE FOLLOWING PROCEDURES PROVIDED THE TWO PROCEDURES WERE NOT ON THE SAME LIMB. Check the procedure and select the procedure code from the drop down list.

Form with 18 rows for amputation and disarticulation procedures. Each row includes a checkbox, a text field for the procedure name, and a dropdown menu for the procedure code.

If choice is #10 above NOTE* The CPT codes do not delineate the "great" toe as does ICD-9-CM so a medical review of the record is needed to confirm the amputation was of the great toe.

2. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN PERMANENTLY MEETS ONE OF THE CONDITIONS SPECIFIED IN THE FOLLOWING SECTION: (Check the appropriate item for which the veteran qualifies, and attach the completed assessment tool.)

Form with 4 rows for criteria: 1. DEPENDENT IN THREE OR MORE ACTIVITIES OF DAILY LIVING... 2. A SCORE OF 10 OR LOWER USING THE FOLSTEIN MINI-MENTAL STATE EXAMINATION. 3. A SCORE OF 2 OR LOWER ON AT LEAST 4 OF THE 13 MOTOR ITEMS... 4. A SCORE OF 30 OR LOWER USING THE GLOBAL ASSESSMENT OF FUNCTIONING (GAF).

Form for patient information: COMPLETED BY (Signature), DATE, PATIENT NAME (Last, First and Middle), SOCIAL SECURITY NUMBER (000-00-0000), OTHER IDENTIFYING PATIENT INFORMATION.

CATASTROPHICALLY DISABLED VETERAN ENROLLMENT APPROVAL REQUEST		REQUEST OR REVIEW TYPE <input type="checkbox"/> VETERAN INITIATED <input type="checkbox"/> VA FACILITY INITIATED	*DATE INITIATED
PATIENT NAME (<i>Last, First and Middle</i>)		SOCIAL SECURITY NUMBER 0	DATE OF BIRTH
ADDRESS		RESIDENTIAL PHONE NUMBER	
		BUSINESS PHONE NUMBER	
VETERAN REPRESENTATIVE'S NAME		PHONE NUMBER	
CATASTROPHICALLY DISABLED CONDITIONS CLAIMED BY THE VETERAN:			
CONDITIONS THAT VETERAN QUALIFIES FOR BY RECORD REVIEW (Fill out Page 1 of VA Form 10-0383)			Record review date
VETERAN NEEDS CLINICAL EXAMINATION		<input type="radio"/> YES <input type="radio"/> NO	(If Yes, Clinical Examination Date)
CONDITIONS THAT VETERAN QUALIFIES FOR BY CLINICAL EXAMINATION (Fill out Page 1 of VA Form 10-0383)			
CATASTROPHICALLY DISABLED? <input type="radio"/> YES <input type="radio"/> NO	RECOMMENDED BY (<i>Signature</i>)		DATE
IS THE COMPLETED ASSESSMENT TOOL ATTACHED <input type="radio"/> YES <input type="radio"/> NO		(Specify)	
RATIONALE FOR NOT RECOMMENDING CATASTROPHICALLY DISABLED			
APPROVAL BY COS <input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	(Signature)		DATE
RATIONALE FOR DISAPPROVAL			
*VETERAN AND VETERAN REPRESENTATIVE NOTIFIED <input type="checkbox"/> BY PHONE <input type="checkbox"/> BY MAIL	FIRST NOTIFICATION DATE	INITIALS	
* Our goal is for the total time between the veteran's request for evaluation and the notification of results not to exceed 35 calendar days			
NOTE: VA Form 10-0383 will be placed in the patient's record.			